**Appendix 4.2:**



**Community Care Task Group**

**Task Group priorities for 2017/18**

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| **What are our AIMS?** | **What ACTIONS will take to achieve them?** | **What are our INTENDED OUTCOMES?** |

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| **DOMAIN: Community Care** |
| **Priority 1 – To examine the suitability, efficacy and cost effectiveness of *new and planned* services that mean “People will only have to go to hospital when they really need to be there” (a quote from an STP slide).**Parameters: social prescribing, prevention, early intervention, self-care, use of digital technologies, support for people with long-term conditions, crisis and intermediate care | A **Project** to:* Learn about the pilot social prescribing service *and other* planned services.
* Ensure the views of patients are taken into account in the development of the social prescribing pilot and any subsequent roll-out to other areas of the borough.
* Find out the comparative costs of social prescribing *and other* planned services as compared with the services that would otherwise be used.
 | A report on our findings.To improve services in the community.To reduce unnecessary hospital admissions. |
| **Priority 2 – Kingston Co-ordinated Care (KCC)** | An **Agenda Item** on each task group agenda to:* keep informed about the work of KCC and the activities and views of the KCC Advisory Group
* ensure that service users and carers are involved in all stages of the re-commissioning of home care services (as currently provided by independent home care agencies)
 | To support, without duplicating, the work of the KCC Advisory Group.To ensure the recommissioned home services meet the needs of users and carers. |
| **Priority 3 – NHS SW London Sustainability and Transformation Plan** | An **Agenda Item** on each task group agenda to:* Keep informed about the development of the STP.
* Receive reports from the Grassroots events to be arranged by HWK in 2017/18 which are expected to focus on specific issues in the STP.
* Contribute to the arrangements for any future public consultation.
* Contribute to HWK’s response to any future public consultation.
 | * Healthwatch Kingston (as a whole) is well-equipped to facilitate and respond to the development of the STP and any future public consultation on proposed major changes in services.
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**Hospital Services Task Group**

**Task Group priorities for 2017/18**

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| **What are our AIMS?** | **What ACTIONS will take to achieve them?** | **What are our INTENDED OUTCOMES?** |

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| **DOMAIN: Hospital Services** |
| **Priority 1 – Discharge from Kingston Hospital**To find out what people discharged from Kingston Hospital, following an in-patient admission, think about the discharge arrangements (from the time of decision to discharge until all services needed at home have been put in place) | A **Project** to:* Learn about the current policies and procedures applicable to discharge, how the quality of the arrangements is monitored and assessed, and about any planned changes/improvements in the arrangements.
* Learn about good practice examples (e.g. Healthwatch England’ report ‘Safely Home’) and similar projects undertaken by other organisations (e.g. HW Richmond’s 2015 project).
* Work with Kingston Hospital to develop a methodology that will enable HWK to obtain the views of recently-discharged patients.
 | * A better understanding of the current discharge arrangements
* The production of a report detailing our findings including recommendations.
* Evidence that HWK has contributed towards the ongoing development and improvement of local discharge arrangements
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| **Priority 2 – Complaints and Concerns** | An **Agenda Item** on each task group agenda to:* Consider the latest Complaints/PALS report from Kingston Hospital.
* Consider any relevant information received by staff, e.g. through the ‘patient experience log’.
* Identifying any issues in the reports that need to be followed up, e.g. seeking further information or instigating an Enter & View visit.
* Reviewing developments on the issues raised with the Hospital in 2016/17.
 | * Kingston Hospital is held to account for the actions that they said they would carry out.
* The Task Group is adequately informed about the reasons why patients express concerns about Kingston Hospital.
* The Task Group is adequately-equipped to determine its work priorities and any Enter & View visits that are needed.
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| **Priority 3– NHS SW London Sustainability and Transformation Plan** | An **Agenda Item** on each task group agenda to:* Keep informed about the development of the STP.
* Receive reports from the Grassroots events to be arranged by HWK in 2017/18 which are expected to focus on specific issues in the STP.
* Contribute to the arrangements for any future public consultation.
* Contribute to HWK’s response to any future public consultation.
 | * Healthwatch Kingston (as a whole) is well-equipped to facilitate and respond to the development of the STP and any future public consultation on proposed major changes in services
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| Priority 4- Kingston Hospital Royal Eye Unit | A light touch **Enter and View visit** to the Unit towards the end of 2017. | * Ensuring that improved customer service arrangements in the Unit (following on from the HWK visits undertaken in 2016) are being maintained.
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**Mental Health Task Group**

**Task Group priorities for 2017/18**

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| **What are our AIMS?** | **What ACTIONS will take to achieve them?** | **What are our INTENDED OUTCOMES?** |

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| **DOMAIN: Mental Health** |

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| **Priority 1 – New mental health strategy**To support the implementation of the newMental Health & Wellbeing Strategy (ThriveKingston), specifically to support the activeparticipation of groups and/or individuals asequal partners in co-designing change. | * Develop a comprehensive action plan

with commissioners.* Facilitate the establishment of an

implementation group for the strategy.* Support the active participation of

people with lived experience of mentalhealth and their carers.* Work with South West Local
* Healthwatch organisations to monitor

regional developments (e.g. STP).* Nominate one of our trustees and/or

volunteers to take a lead on theimplementation of the strategy and torepresent our interests. | * We have involved a wide range of

people with lived experience of mentalhealth and their carers.* We have embedded the principles of

co-designing change in thecommissioning process.* We have built a network of stakeholders

to contribute to the implementation ofthe strategy.* We have influence at a strategic and

operational level.* Our involvement promotes our

commitment to ensuring people have avoice and an opportunity to be heard. |
| **Priority 2 – iCope**To contribute to an understanding about how well iCope services perform and use this information to make recommendations to commissioners of the service. | * Learn about current service provision.
* Develop proactive relationships with key

stakeholders to support the delivery ofan iCope project.* Gather evidence to support a better

understanding of iCope provision.* Produce a report detailing project

findings and recommendations for commissioners | * We have identified key themes related

to iCope provision.* We have shared our findings with a wide

range of stakeholders and includedrelevant responses in our report.* We have provided recommendations to

improve service delivery and/orhighlighted best practice.* We have included anonymous service

user stories in our report to help get ourmessage across. |
| **Priority 3 – Enter & View Visits**To use our Enter & View function to have apositive influence on the delivery of health and social care services. | * Establish volunteer-led E&V Teams and

produce a visit schedule.* Carry out background checks to ensure

we are informed about service deliveryprior to visits.* Use recommendations from previous E&V visits to inform future ones.
* Visit Tolworth Hospital and other

services (including other South West* London based mental health sites) to

observe the environment, talk withpatients, carers and staff and makerecommendations.* Produce a report(s) detailing the outcome of the E&V visits.
 | * We identify and share positive stories

about service delivery as well ashighlighting areas for improvement.* Our report(s) inform people about

services by providing balanced andobjective recommendations.* Our recommendations are acted upon

and the service user experience isimproved.* We share our report(s) with
* Healthwatch England, CQC and other

national bodies (if appropriate). |